

THE FOSTER/ TREATMENT FOSTER AND FAMILY- OPERATED GROUP HOME INSURANCE PROGRAM



State of Wisconsin
Department of Health & Family Services
Division of Children and Family Services

Foster Parent Insurance Claims
DHFS/DCFS
P. O. Box 8916
Madison, WI 53708-8916

DATA SHEET

Homeowner's or Renter's Insurance

Company _____

Policy No. _____

Agent _____

Telephone No. _____

Vehicle Liability Insurance

Company _____

Policy No. _____

Agent _____

Telephone No. _____

Child Placing Agency

Child's Name _____

Placing Agency. _____

Contact Person _____

Telephone No. _____

Child's Name _____

Placing Agency. _____

Contact Person _____

Telephone No. _____

WHAT IS THIS PROGRAM FOR?

This program was created by the Wisconsin Legislature to assure that foster, treatment foster and family-operated group home parents and their families are reimbursed for damages or loss they might experience that are caused by acts or omissions of children placed in their care and that are not covered by private insurance policies.

For purposes of this program, “group home” used in this brochure means “family-operated group home” and “foster parent” includes “treatment foster parent.”

WHO IS ELIGIBLE?

Any foster or group home parent licensed in the State of Wisconsin is eligible to file a claim under this program. However, this program is the “insurer of last resort” and should be used only when a private insurer will not cover any damages or loss.

WHAT KINDS OF DAMAGE OR LOSS ARE COVERED?

Foster and group home parents are required to have homeowner's or renter's liability insurance (unless waived by the licensing agency) that covers negligent acts committed by foster children that result in bodily injury or property loss to third parties.

Therefore, this program is designed to cover injury or damage caused by the foster child to foster and group home parents and their families. In most cases, private insurers will not cover such damage or loss. In addition, this program may cover injury or damage caused by foster and group home parents to the foster child or for acts by foster and group home parents for which they are sued by the child's parent.

WHEN MUST I FILE MY CLAIM?

If the damage or loss was suffered by foster or group home parents or their families, the claim must be filed within 90 days after the damage or loss occurs or is discovered.

If the damage or loss was suffered by the foster child, the claim must be filed within 90 days after the foster or group home parents learn that a legal action has been commenced against them.

Regardless of any other circumstances (e.g., waiting to hear from private insurers, the child going to court for a possible restitution order), the foster or group home parents should file a claim as soon as possible after the damage or loss occurs or is discovered.

HOW DO I FILE A CLAIM?

In order to file a claim, the foster or group home parent should ask the agency that placed the child for a claim form (Form CFS-116). The form should be filled out completely with as much detail as possible. The completed form, with any documentation, should be returned to the agency which placed the child.

The agency will complete another form (Form CFS-117) and may request additional information or permission to view the damage. The agency will then forward all of the materials to the Department of Health and Family Services for approval.

WHAT INFORMATION SHOULD I SUBMIT WITH THE CLAIM?

Generally, the more documentation you have, the better. It is recommended that you photograph your home and contents now. When damage or loss occurs, you can then photograph the damage and submit all of the photographs for comparison. You must submit written estimates for repairs or replacement costs, receipts for replacement items, written insurance company estimates of damages, police reports, or other documentation that indicates what happened, what is damaged or lost,

and what the value of the damages or losses is. If possible, retain any damaged items until your claim has been approved. **The Department cannot pay claims if there is no documentation regarding the loss or damage.**

You should also submit proof that your private insurance will not cover the damages or loss.

IS THERE ANY DEDUCTIBLE?

The Department is required to deduct \$200 for all claims submitted within the same State Fiscal Year (July 1 through June 30). If your private insurer pays part of the claim and charges a deductible, the amount of that deductible will be subtracted from the \$200.

If your claim is for less than \$200, you should file it anyway in case you have another claim within the same fiscal year. For example, if you have a claim in August for \$150 and another in January for \$250, the \$200 would be deducted from the total of both claims.

HOW LONG MUST I WAIT TO RECEIVE MY CLAIM CHECK?

All claims are reviewed quarterly in January, April, July, and October. It takes about three weeks from the time your claim is approved for you to receive a claim check. For example, if your claim is submitted in January, February or March, it will be reviewed in mid-April and you should receive a check around the first week of May.

If your claim is incomplete or does not include adequate documentation, the processing time will be increased.

WHERE CAN I GET MORE INFORMATION?

For additional information, contact the social worker for the child who is placed in your foster or group home.